women with some care, as 3.3 percent indicated such a problem. Unaware of pregnancy was the next most often cited barrier to prenatal care with 17 percent of the no-care women and 2.4 percent of the some-care women reportedly surprised by a live birth. The availability of transportation was a greater problem for no-care women than their some-care counterparts with 16.5 percent of the former and 8.1 percent of the latter affected by lack of access to an automobile or public transportation.

Table 3 presents a multi-factor model in which each significant predisposing element in the respondent's decision to receive prenatal care has been entered as a predictor. Notice that, with the exception of satisfaction with primary care, belief variables were not important independent predictors of prenatal care utilization when other determinants were included in the model. Satisfaction remained linear with respect to prenatal care utilization as greater satisfaction increased the likelihood of care. Women who considered the statement "I'm satisfied with the medical care I receive" definitely true were 3.63 times as likely to have received some care as those who considered the statement definitely false. Sociodemographic variables were important predictors of prenatal care. Married women were 4 times as likely as unmarried women to have received care. Women working full-time were 2.53 as likely as unemployed women to have received some prenatal care, the odds of receiving prenatal care was diminished by .76 each additional pregnancy , and planning substantially increased the likelihood of prenatal care (3.19). The most important predisposing factor in the model was the means through which respondents were convinced of their pregnancies. Women that were informed by a doctor's office were 7.02 times as likely as those that used physiological means of determining pregnancy to have received some prenatal care. Women who were informed by local health departments were 8.54 times as likely to have received care.

Table 4 presents results for those enabling factors that were significant predictors of prenatal care utilization in the single-factor models. WIC participation remains the single most important predictor of prenatal care utilization with women enrolled in the prenatal WIC program 20.5 times as likely as those not enrolled to have received care. Income remained an important determinant of usage with women living in families with a total combined income of $6,000-$9,999 being 1.75 times as likely as women from poorer families to have received care. Women from families with $10,000 or more annual income were 3.56 times as likely to have received care. Primary source of care at a doctor's office remained an important predictor of prenatal care utilization, after controls for other variables were applied. Women who used private doctor's offices for their primary care were 2.83 times as likely to have received care as women who relied upon hospital ER or outpatient care. Women who were insured through a private insurer such as Blue Cross/Blue Shield were 2.59 times as likely to have received care as women who were not covered by public or private insurance.

Tables 5 and 6 present results for the two need variables measured in the survey: the total number of symptoms encountered by the respondent and an indicator variable for hospitalization prior to delivery. The odds of some prenatal care for each additional symptom was 1.12 times the odds if that symptom had not been experienced during the pregnancy. Women with 5 of the 22 symptoms (the mean number of symptoms experienced) were 1.76 times as likely as those who experienced no symptoms to have had some prenatal care. Those that were hospitalized prior to delivery were 1.95 times as likely as those that were not hospitalized to have received care.

The final model presented in Table 7 combines significant associations from the preceding multifactor models. As was the case with previous models, the most important predictor variable in this model is WIC participation as these women were 17.8 times as likely as nonparticipants to have had some prenatal care. Both predisposing and enabling factors remained important determinants of care. Married women (4.48), women employed in full-time positions (2.36), those who had fewer pregnancies (.71), those who had planned their pregnancy (2.91), and those who were told by a doctor (5.48), or health department (8.17) that they were pregnant were all more likely to have received prenatal care than the reference categories. Women in families with annual incomes of $10,000 or greater were more likely (2.94) than women making less than $6,000 to have had care. Patients of private practitioners (2.72), Medicaid recipients (1.92), and women with private insurance coverage (2.27) were also more likely to have received care than those in the respective reference categories.